Depriving a Senior Ncuro-Surgcon of Professorship in AIIMS

2673. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any senior ncuro-surgeon has been deprived of professorship in the All India Institute of Medical Sciences, New Delhi inspite of his fulfilling the required criteria;

(b) if so, the reasons therefor; and

(c) whether Government propose to correct this irregularity?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) The Institute have reported that the Selection Committee on 18th March, 1998 did not recommend any candidate as suitable for the post of Professor of Neuro-Surgery. The recommendations of the Selection Committee were placed before the Appointing Authority *i.e.* Governing Body.

Promotion of Hindi Staff in Subordinate Offices

2674. SHRIMATI MALTI SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether no common cadre of promotional avenues are available for the Hindi staff working in its subordinate offices;

(b) whether consequant upon the decision taken in the 21st meeting of Central Hindi Committee held on 2nd December, 1987 under the Chairmanship of the Prime Minister, vide item No. 55, directions were received by Ministry of Health from Ministry of Home vide OM No. 17/ 5/88-OL (S) dated 6th April, 1988;

(c) if so, the action taken thereon;

(d) if not, the reasons therefore; and

(e) the steps taken in this context for creation/upgradation of available avenues of promotions for Hindi staff working at CRI Kasauli?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) to (e) At present there is no common cadre for Hindi Staff working in the subordinate offices under this Ministry. As per instructions received from Ministry of Home Affairs (Deptt. of Official Language) dated 6-4-88 action has already been initiated to constitute a common cadre of the Official Language posts in the subordinate offices, including C.R.I., Kasauli, for creating promotional avenues for Hindi staff.

Use of Hindi in Subordinate Offices of the Ministry of Health

2675. SHRI RAJ NATH SINGH: Will the Minsiter of HEALTH AND FAMILY WELFARE be pleased to slate:

(a) whether Government are aware that proper steps to encourage the use of Hindi have not been taken in its subordi nate offices;

(b) whether Government arc aware of the fact, that the Parliamantary Committee on official languages, during its visit to CRI, Kasauli, in November, 1991, recommended upgradation filling up of Hindi posts; if so, the details thereof;

(c) whether Government propose to initiate action to create promotional avenues for the staff at CRI, Kasauli; and

(d) if not, the reasons therefor alongwith the exact time frame within which this will be done?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) No, Sir. Appropriate steps have been taken to encourage the use of the Hindi in the Subordinate Offices under the Ministry of Health and Family Welfare as per instructions received from

Deptt. of Offical Language Govt, of India from time to time.

(b) No, Sir.

(c) and (d) Action has already been initiated to constitute a Common Cadre of Official Language posts in the Subordinate Offices of Directorate General of Health Services including CRI, Kasauli, for creating promotional avenues for Hindi staff.

National Health Policy

2676. SHRI JOYANTA ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any National Health Policy in operation as on date;

(b) if so, the details thereof and when the policy was inaugurated;

(c) the duration of the policy and its date of termination; and

(d) by when Government's policy of "health for all" is likely to be translated into reality?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) and (b) The National Health Policy was adopted by Government of India in 1983. The objectives envisaged under National Health Policy inter alia include commitment to the goal of "Health for All" by 2000 A.D. through the primary health care approach, encouragement to community participation, adoption of the small family norm, restructuring of medical education to meet the manpower requirements. The need to develop a referral system, to establish epidemiological stations with duly trained staff, involve traditional practitioners in health care delivery and the development of bio-medical research have also been emphasized.

(c) The policy is still effective although the goals and achievements arc reviewed periodically as also the demographic and epidemiological change which have occurred with the passage of time necessitating changes in strategy.

(d) The progress made in achieving the goal set out under the Health Policy indicates that the targets for infant mortality rate, life expectancy at birth, immunization goals for pregnant women and infants and elimination of leprosy are likely to be achieved. In the case of disease like tuberculosis and blindness control more time would be needed to achieve the goals fully. A number of national programmes for the control of AIDS, Leprosy, TB, cataract, blindness and malaria are being implemented with a view to reduce the burden of disease and support the States in their endeavours to maintain public health.

Expenditure on Health

2677. SHRI E. BALANANDAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the expenditure on health by Central Government and State Governments separately from First Five Year Plan to Eighth Five Year Plan, Plan-wise?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): A statement showing pattern of Plan Investment on Health, Family Welfare during different plan periods in public sector (Centre, States and UTs) as received from Planning Commission is given. *(See below)*